

# APPLICATION DATA SHEET

Electronic Version

Stylesheet Version v14.0

<b>Title of Invention</b>	FAULT CURRENT LIMITING SYSTEM AND METHOD
Application Type :	regular,
Attorney Docket Number :	22106-00067-US1
Correspondence address:	
Customer Number:	30678
	
Continuing Data:	
This is a Continuation of WO application number PCTEP0214890, filed 2002-12-27.	
Priority Data:	
Doc.No: EP 01205190.0; Country -EP ; Date: 2001-12-31 us-priority-claimed	
Inventors Information:	
<u>Inventor 1:</u>	
<b>Applicant Authority Type:</b>	Inventor
<b>Citizenship:</b>	IT
<b>Given Name:</b>	Carlo
<b>Family Name:</b>	Gemme
<b>Residence:</b>	
<b>City of Residence:</b>	Pavia
<b>Country of Residence:</b>	IT
<b>Address-1 of Mailing Address:</b>	Via Aselli, 5
<b>Address-2 of Mailing Address:</b>	
<b>City of Mailing Address:</b>	Pavia
<b>State of Mailing Address:</b>	
<b>Postal Code of Mailing Address:</b>	I-27100
<b>Country of Mailing Address:</b>	IT
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Inventor 2:

**Applicant Authority Type:** Inventor  
**Citizenship:** CH  
**Given Name:** Richard  
**Family Name:** Tinggren  
**Residence:**  
**City of Residence:** Thalwil  
**Country of Residence:** CH  
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**Address-2 of Mailing Address:**  
**City of Mailing Address:** Thalwil  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** CH-8800  
**Country of Mailing Address:** CH  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** DE  
**Given Name:** Karl-Heinz  
**Family Name:** Hartung  
**Residence:**  
**City of Residence:** Badhonnenf  
**Country of Residence:** DE  
**Address-1 of Mailing Address:** Schaaffhausenstrasse 40  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Badhonnenf  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** D-53604  
**Country of Mailing Address:** DE  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** SE  
**Given Name:** Lars  
**Family Name:** Liljestrand

**Residence:**

**City of Residence:** Vasteras

**Country of Residence:** SE

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**Address-2 of Mailing Address:**

**City of Mailing Address:** Vasteras

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**Country of Mailing Address:** SE

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